

# EMPLOYMENT OPPORTUNITY

20 East Sixth Street • Tempe, Arizona 85281 • 480/350-8276 • TDD 480/350-8400  
<http://www.tempe.gov>

Committed to Equal Opportunity and Reasonable Accommodation



## IDENTIFICATION TECHNICIAN (Police Department/Support Services)

**OPENING DATE:** November 28, 2005

**CLOSING DATE:** Open until needs of the City are met. First review of applications will be **December 12, 2005** – position may close at that time.

**ANNUAL SALARY RANGE**  
\$38,972 - \$52,608

This position is currently FLSA Non-Exempt and is eligible for overtime compensation and/or compensatory time.

### MINIMUM QUALIFICATIONS

Equivalent to two years of full-time work experience with a law enforcement agency. Equivalent to the completion of the twelfth grade supplemented by specialized training in fingerprint identification and either crime scene processing or photography.

### ADDITIONAL REQUIREMENTS

Successful completion of a fingerprint classification course and an advanced latent print identification course within six months of hire. Requires the possession of, or ability to obtain, an appropriate Arizona driver's license.

**Possession of or ability to obtain within six months from date of hire an Arizona AFIS terminal Operator Certificate.** Referred applicants will receive a polygraph and background investigation. **Each application must include a signed supplemental questionnaire indicating that the applicant has read and understands the AUTOMATIC and DISCRETIONARY DISQUALIFIERS.** Applications submitted without additional supplemental questionnaire will be **DISQUALIFIED**. If requesting veteran's preference, the appropriate DD214 must be attached at the time of application.

### REPRESENTATIVE DUTIES

(For the complete job description go to: <http://www.tempe.gov/hrcc/docs>)

- Conduct all aspects of fingerprint and palm print identification; fingerprint suspects, prisoners, and City employees; applicants for City, State, and Federal jobs; applicants for licenses or visas; classify and identify prints; search and file fingerprints; clear prints with State and Federal authorities; understand and utilize the AZAFIS system (both 10-prints and latent prints).
- Investigate crime scenes for latent fingerprints; process materials for latent fingerprints at crime scenes and in latent print laboratory; develop fingerprints with powders and chemicals; compare fingerprints with those in file; preserve tire prints, shoe prints, and other trace (biological and/or physical evidence).
- Responsible for photography at crime scenes and serious injury accidents; photograph prints with digital cameras; use special photographic methods such as infrared, ultraviolet, and time exposure; develop film; copy photographs for detectives and traffic officers to use in line-ups; prepare composite photos from crime witnesses; make enlargements and prepare prints for presentation in court; file negatives.
- Knowledge of software associated with digital imaging.
- Develop and process evidence in a laboratory using special powders, chemical solutions, and forensic light sources.
- May testify in City, Justice, Superior, and Federal courts on fingerprint matches, photographs, and other evidence developed and preserved.
- Maintain all photo and crime lab equipment and supplies; clean photo processor; requisition supplies and equipment.
- Maintain logs, assignments, and work sheets; create written documents such as investigation reports on print identification.
- Responsible for Quality Assurance of Intoxilyzers and Portable Breath Tests (PBT)

### SELECTION CRITERIA

Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. The City of Tempe conducts thorough background checks. **Falsifying information or lying during any stage of the selection/hiring process will make you ineligible for new or continued City employment.**

**RECRUITMENT CODE:** 1932

**TLM/pmm**

# Identification Technician

## Supplemental Written Questions

Each supplemental question focuses on a particular area of responsibility associated with the Identification Technician position. This supplement is designed to allow you an opportunity to highlight your professional experience as it relates to each of these vital areas. Since this is part of the selection process, it is to your advantage to fully and accurately provide the information requested.

### **DIRECTIONS:**

**Each answer should be typed and doubled spaced.**

**Along with each response, please include the following when discussing your experience:**

- **Your employer(s) name at the time of employment**
- **Your job title(s) at the time at the time of employment**
- **Overall length of experience in years / months for each respective area (i.e. police photography; collecting and processing latent prints; and performing latent print and 10-print comparisons)**
- **Percentage of time spent performing those respective duties (i.e. police photography; collecting and processing latent prints; and performing latent print and 10-print comparisons)**

1. Describe any formal training, education, licenses, and/or certifications relating to the Identification Technician position that you have received.
2. Describe your professional work related experience in police related photography, including nature of the work you performed (i.e. crime scenes, accidents, etc.) and the types of cameras (digital, 35mm, etc.) and photographic equipment; film (color, B & W, etc.); methods of photography (infrared, ultraviolet, time exposures, etc.); developing, printing, etc.
3. Describe your professional work related experience with collecting and processing latent prints.
4. Describe your professional work related experience with performing latent print and 10-print comparisons.
5. Describe your professional work related experience with Automated Fingerprint Identification Systems (AFIS).

**City of Tempe Police Department  
Automatic and Discretionary Disqualifier Questionnaire**

**NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION**

**AUTOMATIC DISQUALIFIERS**

The City of Tempe Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions. ***Please read and answer the following automatic disqualifiers:***

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona? |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs?       |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you lied during any stage of the hiring process?   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you falsified your questionnaire or application?   |

***If you answered "YES" to any of these questions please withdraw your application from consideration.***

**DISCRETIONARY DISQUALIFIERS**

The following disqualifiers may, upon review by the Tempe Police Department, make you ineligible to become an employee of the City of Tempe Police Department. ***Please read and answer the following discretionary disqualifiers:***

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you ever abused prescription medication and/or FDA approved over-the-counter preparations?  |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD.   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you ever used any type of illegal drugs or narcotics before the age of 18 years?<br><i>Examples of a dangerous drug or narcotic drug would be, <b>but is not limited to:</b> cocaine, crack, etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.</i> |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you ever used any type of illegal drugs or narcotics after the age of 18 years?   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you engaged in unlawful sexual misconduct?  |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you ever had excessive traffic violations?  |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you ever been involved in the commission of a felony?   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you received a discharge from the United States armed forces that was other than an honorable?  |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you demonstrated an unwillingness to honor fiscal contracts or just debts?  |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession?  |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Had your Arizona Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances?  |

***If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.***

**I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Tempe's Police Department positions.**

Applicant's signature

Date

**ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES – Please Complete All Sections**

Type of Drug	Have you ever tried?	How many times after age 18?	Date first used:	Date last used:	Have you ever sold, smuggled or transported for sale or personal gain?
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamine / Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other illegal drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal use of prescription medications	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered “Yes” on any of the areas listed above, please provide a full explanation on a separate sheet of paper. Include, if applicable, the following information:**

- |  |   |
|--|---|
| a) How the drug was ingested or consumed | b) The duration of usage                      |
| c) The motivation for using the drug     | d) How the drug was obtained                  |
| e) Why you stopped using the drug        | f) Any other factors you believe are relevant |

**I hereby certify that this supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligibility list, and/or discharge from City service. I understand that this information is subject to verification by any federal, state, and local agencies.**

Applicant's Name (Print)

Applicant's Signature

Date



# City of Tempe / Application for Employment

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / <http://www.tempe.gov>

**The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.**

***The City of Tempe Promotes a Drug and Alcohol Free Workplace.***

## **DIRECTIONS:**

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

1. Position Applying For: \_\_\_\_\_ Recruitment Code (RC#): \_\_\_\_\_
2. Name (Last, First, Middle Initial): \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
Street Address City State Zip
5. Phone Number: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_
6. Driver's License (Number, State, Class): \_\_\_\_\_
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No
8. Have you ever worked for the City of Tempe? Yes No If Yes, from \_\_\_\_\_ (Mo/Yr) to \_\_\_\_\_ (Mo/Yr)  
If you are a current City of Tempe employee, are you: Temporary? Regular?  
Have you completed your initial six (6) month probationary period? Yes No
9. To assist us with verifying previous work experience and /or education, please list other names you have gone by:  
\_\_\_\_\_
10. Type of position you will accept: Full Time Part Time Regular Temporary
11. Are you claiming Civil Service Preference for Veteran's under ARS 38-492:
  - As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
  - As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
12. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her **Name, Position, and Relationship to you:**  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE**

Q ☐ NQ ☐ A ☐ B ☐ C ☐ Application Entered ☐

HR Review ☐

Date

Department Review ☐

Date

***Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.***

13. Do you have a High School Diploma or a G.E.D.?      Yes      No

14. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes    No	
			Yes    No	
			Yes    No	
			Yes    No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes    No	
			Yes    No	

16a. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

16b. Special training ***that relates to this position:***

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17. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

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18. List equipment with which you are proficient in operating ***that relate to this position:***

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19. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	Yes    No	Yes    No	Yes    No
	Yes    No	Yes    No	Yes    No
	Yes    No	Yes    No	Yes    No

20. **May we contact your current employer if you are considered for hire/promotion?**      Yes      No

***You may make copies and use as many of these sheets as necessary to continue your employment history.***

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

**DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.**

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

***You may make copies and use as many of these sheets as necessary to continue your employment history.***

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

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Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	



Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$		Per
Work Performed:			
Reason for Leaving:			

21. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

Yes No If Yes, please explain:

--

22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

*Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.*

Yes No If Yes, provide charges, dates and locations:

--

**Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.**

**PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL .**

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this box and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: \_\_\_\_\_ Date\_\_\_\_\_

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

***The City of Tempe does not accept faxed copies of applications.***



# Voluntary Employment Data Record

Completing this form is optional. This information will be filed separately from your application and will not be used for recruitment purposes.

Position Applied for: \_\_\_\_\_ RC#: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Gender: Female Male

Disabled: Yes No

**Ethnic Group:**

White

Black

Hispanic

Asian

American Indian

Other

**Age Group:**

16 and under

17 – 20

21 – 29

30 – 39

40 +

Highest grade completed: \_\_\_\_\_

How did you hear about this position: \_\_\_\_\_